



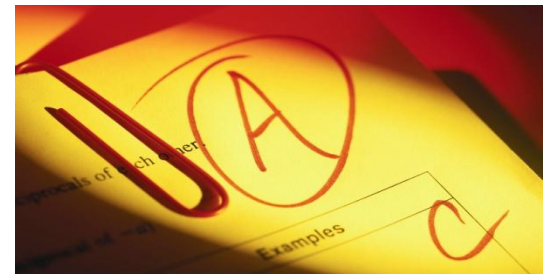
# ***2013 Delaware State Clearinghouse Training***



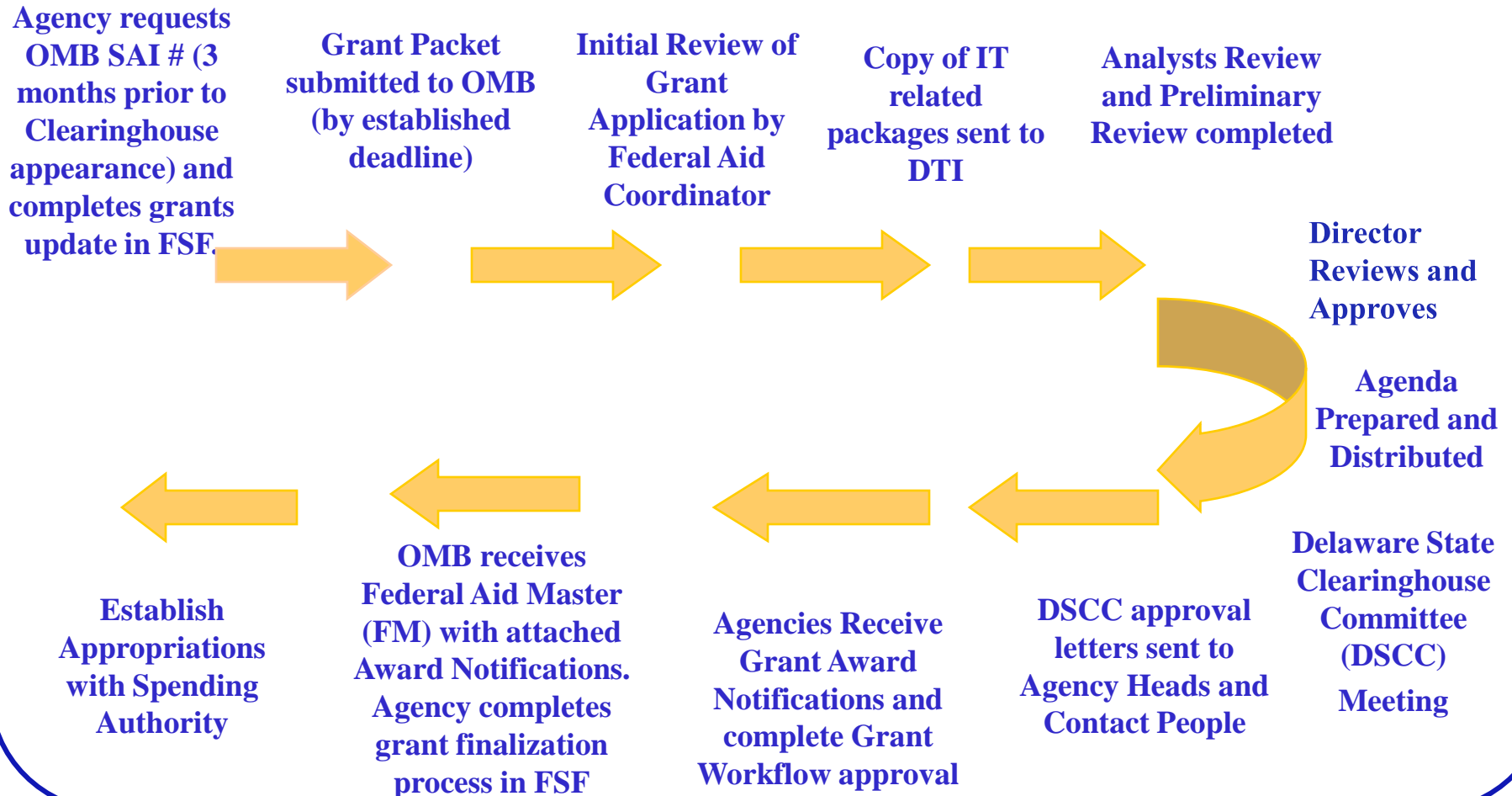
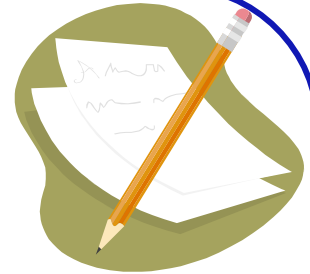
# REVIEW OF PRIOR YEAR TRAINING

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- DO YOU REMEMBER WHAT YOU LEARNED LAST YEAR?
  - What are the 3 types of grants that must be reviewed by the Clearinghouse Committee?
  - What can be found on the Clearinghouse website?
  - What documents must be included in a grant packet submission?
  - What is the current audit fee rate?



# Clearinghouse Cycle at OMB





Your Search...

SEARCH

Phone Numbers Mobile Help AA Size Print Email

Office of Management and Budget : Budget Development, Planning and Administration

## HOME

About Agency  
Sections  
Employment  
FAQs  
Calendar of Events  
Contact Information  
Office Location  
Related Links  
Agency Site Map

## SERVICES

FY 2014 Governor's  
Recommended Budget  
FY 2013 Budget  
DBS  
Clearinghouse/Grants  
FFATA Reporting and  
Guidance  
Community  
Redevelopment Fund

## INFORMATION

Advanced Planning Fund  
Budget Archive  
Budget & Accounting  
Manual  
FY 2013 Treasury State  
Agreement  
Mass Memos

## Clearinghouse

### Federal Grants Administration and State Clearinghouse

#### Delaware Clearinghouse Contacts

- Casey Oravez ([catherine.oravez@state.de.us](mailto:catherine.oravez@state.de.us))  
SPOC/Federal Aid Master Contact

#### Delaware State Clearinghouse Committee Members

- The Honorable Melanie George Smith, Chair
- The Honorable Harris B. McDowell, Chair
- The Honorable Bruce C. Ennis, Senator
- The Honorable David G. Lawson, Senator
- The Honorable Michael Ramone, Representative
- The Honorable Stephanie T. Bolden, Representative
- The Honorable Thomas J. Cook, Secretary, Department of Finance
- The Honorable Michael Morton, Controller General
- The Honorable Alan Levin, Director, Delaware Economic Development Office
- The Honorable Ann S. Visalli, Director, Office of Management and Budget

The March Clearinghouse meeting will be held on Tuesday, March 26, 2013 at 10:00 a.m. in Legislative Hall. The April Clearinghouse meeting will be held on Tuesday, April 30th at 10:00 a.m. in Legislative Hall.

- [Grant Packets](#)
- [SAI \(State Application Identifier\) # Requests](#)
- [Due Dates](#)
- [Forms](#)
- [Newsletters](#)
- [Monthly Agendas](#)
- [Monthly Minutes](#)
- [Monthly Bulletins](#)
- [Training Presentation](#)
- [Intergovernmental Review EO 12372](#)

Send Clearinghouse related questions to Casey Oravez ([catherine.oravez@state.de.us](mailto:catherine.oravez@state.de.us)).

Send FM's to [omb\\_fm@state.de.us](mailto:omb_fm@state.de.us).

Send grant packets to [omb\\_clearinghouse@state.de.us](mailto:omb_clearinghouse@state.de.us).



# **SPOC Form Common Issues**

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- ◆ Review process
- ◆ Spelling/grammar errors
- ◆ Sections cut off
- ◆ Required vs. discretionary state contribution
- ◆ Sections 24 and 25 should match.
- ◆ Audit fees
- ◆ Personnel summary amount should match SPOC

# **SPOC Form Common Issues**

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- ◆ Subject line should be OMB SAI# only
- ◆ Grant title should remain the same YOY
- ◆ Do not include FM's, SAI# emails, checklists
- ◆ Do not submit duplicate information
- ◆ Personal information

**STATE OF DELAWARE**  
**SINGLE POINT OF CONTACT - SPOC**  
**INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS**  
**Office of Management and Budget**  
 Haslet Building, 122 William Penn St., 3rd Floor, Dover, Delaware 19901  
 (302) 739-4206

<b>1. OMB STATE APPLICATION IDENTIFIER:</b>	Select One	<b>SPOC use ONLY</b>	Month	Reviewer	Attendance
	New <input type="checkbox"/> Continuous <input type="checkbox"/>	Copy to:			
	Amendment Increase <input type="checkbox"/> Amendment Decrease <input type="checkbox"/>		M. Hajnicki	G. Hughes	B. Scoglietti

**2. Applicant Project Title:** \_\_\_\_\_

**3. Applicant Department:** \_\_\_\_\_ **4. Applicant Division / APU:** \_\_\_\_\_

**5. Applicant Address:** \_\_\_\_\_

<b>6. Grant Program</b>	<b>7. Program Contact Person's Phone #:</b>
<b>Contact Person:</b> _____	_____

<b>8. Financial Contact Person:</b>	<b>9. Financial Contact Person's Phone #:</b>
_____	_____

**10. Signature of Secretary or Agency Head (for state agencies) or Chief Administrator (for all other applicants)**  
 \_\_\_\_\_

**11. Federal Grant Department:** \_\_\_\_\_ **12. Federal Sub-Agency:** \_\_\_\_\_

**13. Federal Contact Person:** \_\_\_\_\_ **14. Phone Number:** \_\_\_\_\_

**15. Federal Program Title:** \_\_\_\_\_ **16. FEDERAL CATALOG NO: (CFDA)** \_\_\_\_\_

**17. Project Description:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**18. Will funds be utilized for any technology initiatives?** ☐ Yes ☐ No **If so, Business Case Number and brief project summary:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**19. Measurable Objectives:**  
**a. What were last year's objectives?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**b. Were these objectives met? (If not, please explain why)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**c. What are this year's objectives?**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(If more space is needed, please attach a separate sheet of paper)



19. Grant Period: (MM/DD/YY) From:  To:	20. How many years has this project been funded?:	21. If this project was funded last year, how much federal money was awarded last year?:  If match was required, how much state money was contributed last year?:	22. Is there a state match requirement? (Y/N)  If percentage, enter required match percentage:  If amount, enter required match amount:
---	--	---	---

23. Source of funding for this application:	Dollars	Source of Funding (5 Digit Department ID, Appropriation #, Title)
a. Federal grant		N/A
b. Other federal funds		
c. Required state contribution		
d. Discretionary state contribution		
e. Required local contribution		
f. Other non-federal funds (i.e. Pass-throughs, donations, private grants, etc.)		
TOTAL	0	

24. Budget by cost category and source:	Federal Funds	State Funds	Other Funds	Total Funds
Salaries & Fringe Benefits				0
Personal or Contractual Services				0
Travel				0
Supplies & Materials				0
Capital Expenditures				0
Audit Fees				0
Indirect Costs				0
Other (i.e. licenses, dues, lab tests)				0
TOTAL	0	0	0	0

25. How many positions are required for the project? (Exclude casual/seasonal employees)			
Breakdown of position(s)	Authorized in State Budget	New Positions Required	Total
Paid for out of federal funds			0
Paid for out of General Funds			0
Paid for out of state special funds			0
Paid for out of bond/local/other funds			0
TOTAL	0	0	0

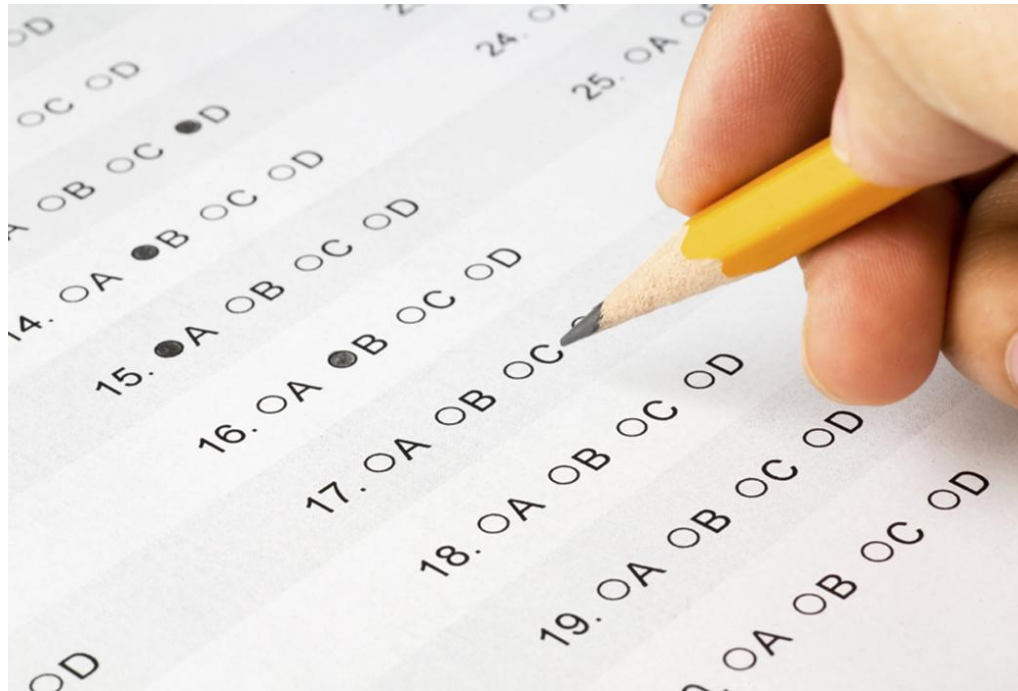
  

26. PLEASE NOTE: On a separate piece of paper, please supply position number, grade, yearly salary and percent of funding (federal, state, local, other) and the full-time equivalent for positions required. Please identify the new positions by placing an asterisk before the position title. If this grant funds positions within other departments, divisions and/or offices, please list them. If a position has been reallocated to or from another grant please indicate the grant source.			
27. IF THERE ARE OTHER AGENCY/STATE/LOCAL CONTRIBUTIONS: On a separate piece of paper, please supply IPU (Internal Program Unit), appropriation, and amount. Please indicate whether the agency will need to request additional General Funds to support the agency contribution. Include a copy of the Memorandum of Agreement or Memorandum of Understanding.			



# Quiz 1

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What is the current audit fee rate?

# Director's Overview

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**The Director's Overview should explain the grant packet and answer any questions a reviewer might have.**

**Program Narrative:** Should include information regarding sub-awards, position requests/changes, Business Case, involvement of other state agencies.

**Budget Comparison:** Include reason for change in amount and how this will impact the program as well as outlook for future funding and impact.

**Relationship to State Budget:** How will increase or decrease affect the department?

**Use format on website**



19. Grant Period: (MM/DD/YY) From: <b>October 1, 2013</b> To: <b>September 30, 2014</b>	20. How many years has this project been funded?: <b>22</b>	21. If this project was funded last year, how much federal money was awarded last year?: <b>\$2,500,000</b> If match was required, how much state money was contributed last year?: <b>250,000</b>	22. Is there a state match requirement? (Y/N) <b>Y</b> If percentage, enter required match percentage: <b>10%</b> If amount, enter required match amount:
--	---	---	---

23. Source of funding for this application:	Dollars	Source of Funding (5 Digit Department ID, Appropriation #, Appropriation Title)
a. Federal grant	1,000,000	N/A
b. Other federal funds		
c. Required state contribution	100,000	
d. Discretionary state contribution		
e. Required local contribution		
f. Other non-federal funds (i.e. Pass-throughs, donations, private grants, etc.)		
<b>TOTAL</b>	<b>1,100,000</b>	

24. Budget by cost category and source:	Federal Funds	State Funds	Other Funds	Total Funds
Salaries	240,000	7,470		247,470
Fringe Benefits	60,000	2,500		62,500
Personal or Contractual Services	599,330	90,000		689,330
Travel	75,000			75,000
Supplies & Materials	20,000			20,000
Capital Expenditures				0
Audit Fees	270	30		300
Indirect Costs	5,400			5,400
Other (i.e. licenses, dues, lab tests)				0
<b>TOTAL</b>	<b>1,000,000</b>	<b>100,000</b>	<b>0</b>	<b>1,100,000</b>












  

25. How many positions are required for the project? (Exclude casual/seasonal employees)				
Breakdown of position(s)	Authorized in State Budget	New Positions Required	Authorized in Higher Education Budget	Total
Paid for out of federal funds		4		4
Paid for out of General Funds		0.25		0.25
Paid for out of state special funds				0
Paid for out of bond/local/other funds				0
<b>TOTAL</b>	<b>0</b>	<b>4.25</b>	<b>0</b>	<b>4.25</b>

# Subgrants with Other State Agencies

- Subgrants or subawards to other state agencies should not be entered as Type 20 accounts in FSF.
- They should be included under the federal appropriation by adding a project line.

Budget: 1,056,793.00  
Expense: 0.00  
Encumbrance: 0.00  
Pre-Encumbrance: 0.00  
Budget Balance: 1,056,793.00  
Associate Revenue: 0.00  
Available Budget: 1,056,793.00

Budget Overview Results											Customize   Find   View All    				First 1-3 of 3 Last	
			Ledger Group	Bud Ref	Fund	Dept	Approp	Account	Budget	Expense	Encumbrance	Pre-Encumbrance	Available Budget*	Percent Available		
1			GR_DETAIL	2012	225	100701	40952	5010	959,293.000	0.000	0.000	0.000	959,293.000	100.00 		
2			GR_DETAIL	2012	225	100703	40952	5010	87,500.000	0.000	0.000	0.000	87,500.000	100.00 		
3			GR_DETAIL	2012	225	450210	40952	5010	10,000.000	0.000	0.000	0.000	10,000.000	100.00 		

# Grant Closeout

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**A FM should be submitted to decrease the remaining spending authority on any grants that have ended.**



# Purchase Orders

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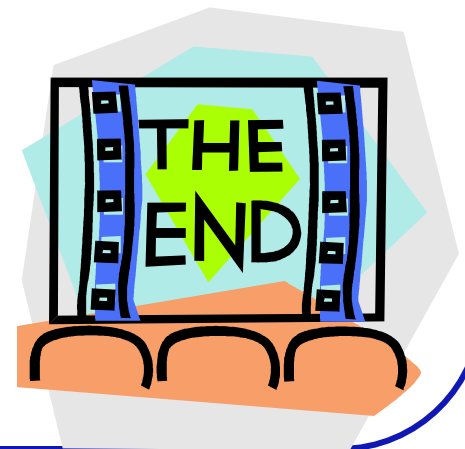
- ◆ Any purchase orders set up to charge a grant appropriation must be closed before the grant close out date.



# End Date Extensions

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- When a grant end date passes the budget closes in FSF.
- Extend the grant before the end of the budget period in FSF.





# Amendments

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The threshold for amendments being submitted to the Clearinghouse Committee has been increased to 30% over the current approved amount.



# FEDERAL AID MASTER FORMS

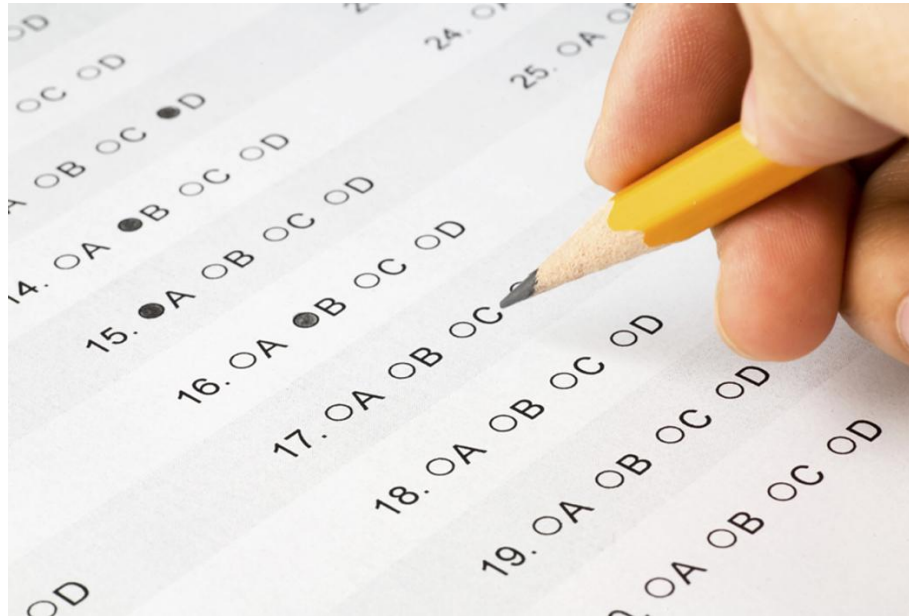
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- ❖ Include back-up documentation.
- ❖ Send to **OMB\_FM@state.de.us** only.
- ❖ Do not include SPOC form, final letter, grant application.
- ❖ Do not include more than one copy of the FM.
- ❖ Include OMB SAI# in SAI# section and not explanation section.



# Quiz 2

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Which ledger amount should always be zero? GR\_GROUP (parent), GR\_DETAIL (child) or GR\_G\_REV (revenue)?



# **WORKFLOW**

What, How and When

# WORKFLOW – WHAT IS IT?

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The grant packet approval process is being integrated into First State Financials.

OMB staff will review grant information in the grants module in FSF.

Grant packets will no longer need to be submitted to [OMB\\_Clearinghouse@state.de.us](mailto:OMB_Clearinghouse@state.de.us).





## **WORKFLOW – HOW?**

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**Agencies will include all necessary information in pre-award in FSF.**

**OMB staff will be included in workflow in the grants module.**

**Grants will be reviewed by OMB staff and presented by the agency at a Clearinghouse meeting.**

**OMB staff will send a notification through workflow when a grant has been approved.**

**The agency can then move the grant to post-award.**

# **WORKFLOW – WHEN?**

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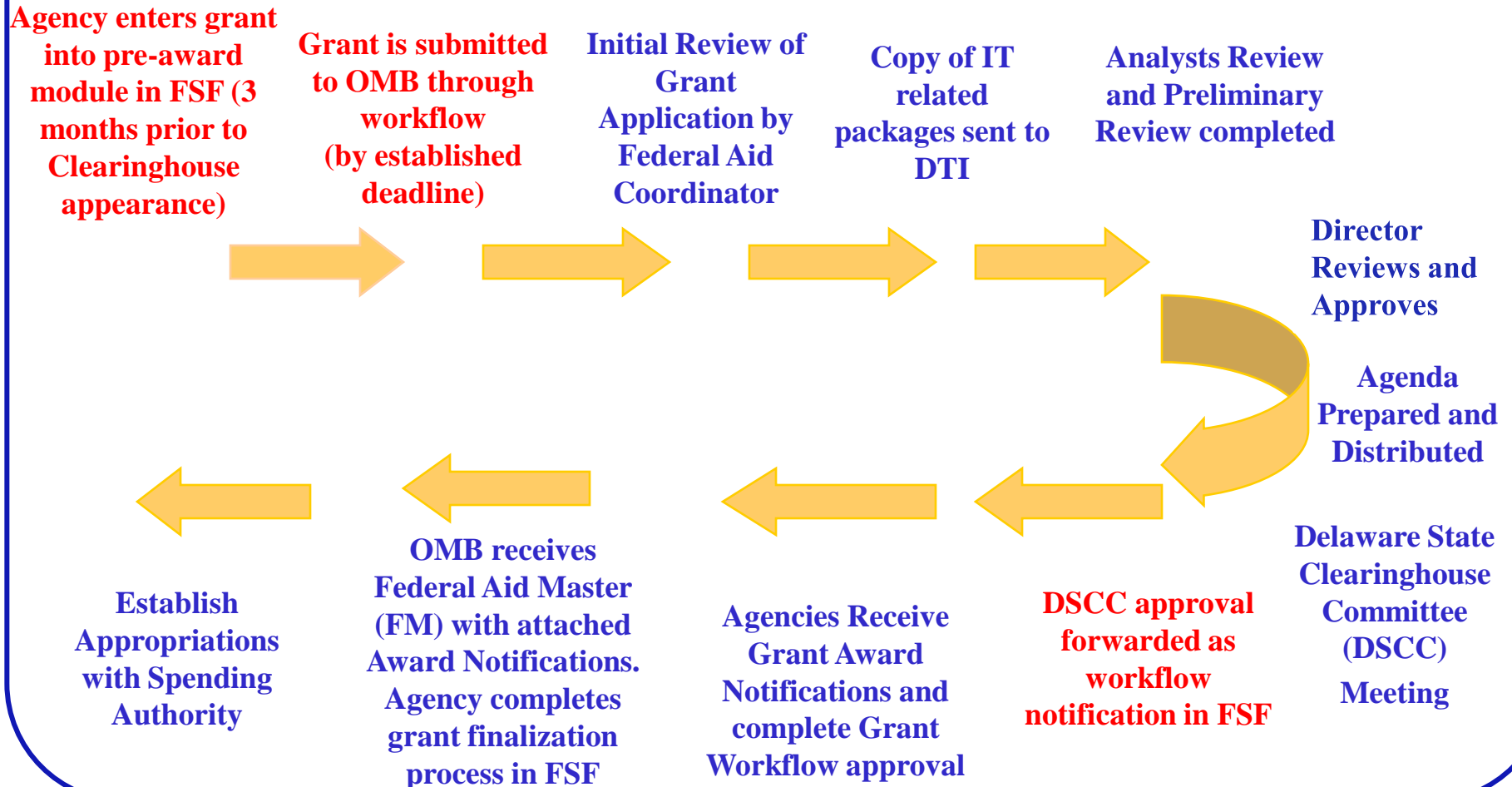
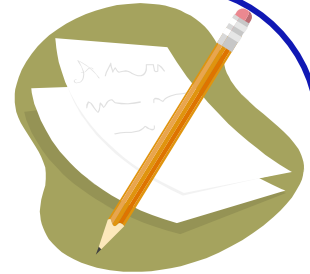
**This change is scheduled to be finalized in Calendar Year 2014.**

**Communication and additional training will be supplied prior to implementation.**





# Clearinghouse Cycle at OMB



# In Preparation...

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Additional information will need to be included in the grants module.

AND

Supporting documentation must be attached to the grant in FSF.



Proposal ID: NEXT

Version ID: V101

Description:

Currency: USD

Add to My Proposals

\*Title:

Start Approval Process

Long Description:

\*PI ID:

\*Sponsor ID:

Pre-Award Administrator:

Purpose:

Proposal Type: New

Confidence %:

CFDA:

[Due By](#)

[Budget Express](#)

[Additional Information](#)

#### Status

Proposal Status: Draft

Submit Status: Not Submitted

Generate Status: Not Generated

☐ In Approval Process

☒ Facilities & Admin Requested

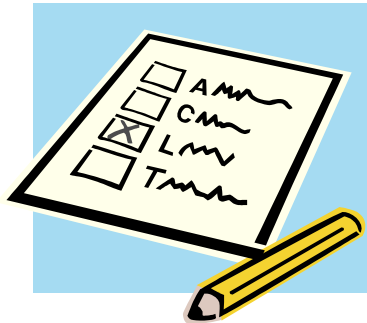
☐ Foreign Application/Component ☐ Template Proposal

☐ NIH Modular Grant

## On the proposal tab:

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- Job aids will be updated to reflect all required information.
- Title should be entered as FYxx Title.





# Attachments

The SPOC, Director's Overview, Personnel Summary (if applicable) and back-up documentation must be attached on the attachments tab.

Proposal	Projects	Budgets	Resources	Certifications	Reports	Attachments
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Proposal ID:	NEXT	Version ID:	V101
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Description:

Proposal Project		Find   View All   First   1 of 1   Last	
Project ID:	NEXT_1	Title:	

Attachment		Customize   Find   [Icons]   First   1 of 1   Last	
Requests	Attached File		
1			

# SEQUESTRATION

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- On March 1, 2013, the Federal Office of Management and Budget (OMB) released final information regarding sequestration. Sequestration is a series of across-the-board cuts to government agencies totaling \$1.2 trillion over 10 years. These percentage cuts will involve federal funds for many state programs. Nondefense discretionary programs covered by the sequester will be cut by 5.0%; and nondefense mandatory programs subject to sequester will be cut by 5.1% in Fiscal Year 2013.



# SEQUESTRATION

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- Inform OMB about any federal communication
- Decrease spending authority
- Communication from OMB





# **Delaware State Clearinghouse Training**

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Lindsay Lewis(302) 672-5115

Lindsay.lewis@state.de.us

OMB\_Clearinghouse@state.de.us (Grant packets)

OMB\_FM@state.de.us (FM Submissions)

<http://www.budget.delaware.gov/clearinghouse/fedgrants.shtml>

